STRUCTURED DECISION MAKING

Introduction

Structured Decision Making (SDM) is a case management model designed to bring structure and consistency to the critical decision making process through the use of assessment tools that are objective, comprehensive and easy to use. The SDM process was developed by the Children's Research Center (CRC), a division of the National Council on Crime and Delinquency established to help federal, state and local child welfare practice. Missouri's collaboration with CRC resulted in SDM tools customized to fit the unique requirements of Missouri statute and policy. SDM became fully integrated into statewide Children's Division policy and procedure in December of 2003.

SDM Goals

CRC established the goals of the SDM model to reduce subsequent harm to children by assisting workers in the identification of critical factors within the family that could affect future harm to the children in the home. Using prompts from SDM tools, workers are able to make more consistent and reliable decisions in regard to services aimed at alleviating the abuse and neglect situations in families that are at a "high" risk of causing future harm to their children. Early identification of risk factors allows workers to develop strategies that aim at the prevention of future occurrences of child maltreatment within the family.

A secondary goal of SDM is to increase the efficiency and effectiveness of the Missouri's Child Welfare system. SDM tools feature questions that help the worker identify critical decisions about the family, and provides a consistent set of factors for each decision point in the process. Each factor is defined so that there is less chance for varied interpretations. The end result is a process that provides consistent decision making using the state child abuse and neglect statutes and nationally accepted practice standards that assure the most accurate and appropriate response the families in need.

Benefits

- Consistent Decision Making – The tools allow staff to make decisions that are consistent throughout the state, thus eliminating bias and gut feelings that may effect the worker's ability to objectively understand the problems and needs of the family;
- Identifies "High Risk" Families – The tools identify key factors (which are researched based) where the likelihood of future abuse/neglect is highest, thus allowing workers to use dwindling resources to families with the greatest need;

- Efficient Use of Time – The tools are basic and easy to use thus reducing the amount of time needed to complete lengthy assessments and forms;
- Effective Decisions – The tools assist staff identify those families that are at “high” risk, thus allowing the best use of agency resources and reducing the occurrence of future harm to children;

Overview

The Child Abuse and Neglect Hotline Unit (CANHU) is responsible for receiving all calls received from persons reporting concerns or allegations of abuse/neglect. Missouri’s child abuse and neglect statutes are complicated, thus increasing the likelihood of interpretations about hotline calls. SDM tools and philosophy have played a significant role in recent improvements made to the Child Abuse/Neglect Hotline Unit (CANHU) system and protocol.

The CANHU utilizes *call management technology* designed to maximize responsiveness at CANHU allowing emergency calls to be queued ahead of non-urgent calls; and providing real time data to monitor call volume. Ultimately, the intent is the elimination of busy signals for reporters, as well as quicker response to emergency calls. Callers are prompted to hang up and dial 911 in situations in which the child is in need of immediate medical attention or is being abused right now. All callers are asked to press 1 if any of the following are currently happening or within 24 hours:

- Sex Abuse
- Severe Physical Abuse
- Active Methamphetamine Lab in Household

All other callers are asked to stay on the phone line for the next available operator.

Once a call reaches a CANHU worker, the call is managed using the *CANHU Protocol,* a systematic, structured approach designed to manage interviews with callers more thoroughly, improving the accuracy and consistency of call classification among workers.

The CANHU Protocol, derived from a model used for Emergency Medical Service (EMS) dispatch calls, incorporates SDM screening and classification strategies. The CANHU Protocol opens with a set of structured entry questions which guide workers down appropriate pathways, based on types of concern(s) raised by the caller. Key questions for each pathway assist the worker in gathering critical information to determine if the call meets criteria for CA/N reports, non-CA/N referrals or “documented calls”. If a CA/N report is taken, workers are guided in determining response priority and track assignment. Once the caller has identified all their concerns the CANHU worker will proceed to the

appropriate exit protocol cards, based on the call classification (CA/N report, non-CA/N referral or documented calls).

Built into the CANHU Protocol questions are three SDM screening and classification functions. They include:

1) *CA/N Screen-In Criteria*--Questions containing screening criteria for classifying whether calls are CA/N, non-CA/N referrals or documented calls.

2) *SDM Response Priority* – Questions containing criteria to determine the response priority (time frame in which the family should be contacted). There are three priority response levels, which are:

- Level 1 = requiring face-to-face contact with all victim(s) must be made within three hours from the receipt of the report. A face-to-face contact with all other children living in the household must be made within 72 hours;
- Level 2 = requiring face-to-face contact with all victim(s) must be made within 24 hours from receipt of the report. A face-to-face contact with other children residing in the home must occur within 72 hours;
- Level 3 = requiring face-to-face contact with all children (victims and home residents) must be made within 72 hours from receipt of the report. All CA/N reports must be initiated, with safety assured within 24 hours.

3) *SDM Track Assignment* Guidelines – criteria designed to determine if the screened-in report is an investigation or a family assessment.

Currently, the CANHU Protocol is printed on tabbed flip cards that are easily navigated, however this process is being automated as part of the SACWIS project and will be in use later this year. Automation will allow workers to enter critical information directly into the system in a more efficient and timely manner while talking with the person reporting the allegations of abuse/neglect.

INVESTIGATION/FAMILY ASSESSMENT RESPONSE TOOLS

The SDM process has been added to the Investigation/Family Assessments Response Tools in order to determine the immediate safety of children in the household and the risk or probability of the reoccurrence of child maltreatment in the household.

SDM Safety Assessment

The purpose of the *SDM safety assessment* is to assist workers in determining whether a child is safe, in immediate danger of serious physical harm, and whether protective interventions may be put in place to provide appropriate protection. The safety assessment is used to guide decisions on whether or not

the child(ren) may safely remain in the home, or if the child(ren) must be protectively placed. The safety assessment is to be completed for all investigations and family assessments during or immediately following the initial visit with the family in response to a child abuse/neglect report. The safety assessment is also used prior to a child returning home after being placed in Family-Centered Out-of-Home Care (FCOOHC). Safety of the child(ren) in the home shall be an on-going concern during investigations, family assessments and throughout the life of a family's open case.

The *SDM safety reassessment* tool is a critical follow-up piece to the safety assessment. It enables the worker to assess child safety, determine if previously identified factors have been resolved, or if safety factors have increased. A safety reassessment is required whenever a child(ren) is removed during the investigation/family assessment. The reassessment is then completed to guide decision making on return of the child(ren). *A child must be safe or conditionally safe prior to returning home*.

The *SDM risk assessment* tool is designed to identify families, which have low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their children in the next 18 to 24 months. The difference between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and are more often involved in serious abuse or neglect incidents. When risk is clearly defined and objectively quantified the agency can ensure that resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment. The risk assessment is used to guide the decision to open or close a case for ongoing services. The risk assessment is to be completed at the conclusion of every investigation/family assessment in which there are children who remain in the home.

The *SDM risk reassessment* tool is designed to assess risk of future child maltreatment and assists workers in evaluating whether risk levels have decreased, remained the same or have increased since the initial risk assessment.

SDM risk assessment levels are also utilized to determine the priority of initial client contact after a case opening. At the conclusion of a CA/N investigation/family assessment, the Supervisor will refer to the SDM risk assessment to determine the timeframe in which a follow-up Family-Center Services (FCS) worker should have an initial face to face interview with the family. For families with an SDM risk level of high or very high risk, face to face contact should be made within one working day of the case assignment. For SDM risk levels of moderate risk contact should be made within five working days and for low risk within ten working days.

For ongoing FCS services or for Family-Centered Out-of-Home Care (FCOOHC) cases in which there are children who remain in the home, SDM risk levels are used to guide the minimum amount of contact with the family each month. These guidelines are considered "best practice" and help focus staff resources on the highest risk cases. They dictate the minimum number of face-to-face and collateral contacts with the family each month, however workers will use their best judgment for individual cases to best determine whether more contacts are needed.

CRC Review of SDM Implementation

In March 2004, Children's Research Center implemented a review of 28 cases. It resulted in a recommendation for the development of a case review and monitoring process. The results of their review are being incorporated into a new review tool for supervisors to utilize in order to monitor the SDM implementation in the field, as described in the Children and Family Service Review - Program Improvement Plan..